



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY & BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
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STATEMENT OF SHOP/SALON PROFESSIONAL-IN-CHARGE

INSTRUCTIONS

When to Complete

Complete this form when...

- applying for a Delaware license for a shop/salon, including a mobile shop/salon, **or**
- reporting a change in the Professional-in-Charge of a Delaware-licensed shop/salon or mobile shop/salon.

Professional-in-Charge Requirements

The Professional-in-Charge of a Delaware-licensed shop/salon:

- is responsible for all operations of the shop/salon, including ensuring that all employees are licensed when required by law
- must hold a current Delaware license
- may serve as the Professional-in-Charge for only one shop/salon at a time.

When the Professional-in-Charge of a shop/salon changes...

- **The outgoing (former) Professional-in-Charge must notify the Board in writing within 10 days of termination as the Professional-in-Charge.**
- **The incoming (new) Professional-in-Charge must sign the PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT on this form.**

SHOP/SALON INFORMATION

1. Name of Shop/Salon: _____
Enter name as it appears on license or on application for license.

2. **Shop/Salon Location Address:** _____
Street (No PO Boxes)

City State Zip

3. Why are you submitting this form? Check one:

- ☐ In connection with an application for a *new Delaware license* for the shop/salon above. Skip to Question 5.
- ☐ To report a change in the professional-in-charge for the *Delaware-licensed shop/salon* above. Enter Shop/Salon Delaware License No: M ____ - _____. Continue to next question.

PROFESSIONAL-IN-CHARGE INFORMATION

4. Enter the following information about the **outgoing (former)** Professional-in-Charge:

Full Name: _____

DE license number: ____ - _____

5. Enter the following information about the **incoming (new)** Professional -in-Charge:

Full Name: _____

When does (did) this person become the Professional-in-Charge? _____

Is this person licensed in Delaware? Yes ☐ No ☐ If yes, enter DE license number: ____ - _____

The Professional-in-Charge must complete and sign the ACKNOWLEDGMENT OF PROFESSIONAL-IN-CHARGE section below. The acknowledgment must be notarized.

PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT

1. Do you understand that you are responsible for conducting and managing the shop/salon named above in compliance with all applicable state and federal laws, including ensuring that all employees are licensed when required by law? Yes ☐ No ☐
2. Have you read and understood that you can be a Professional-in-Charge for only one shop at any given time ([24 Del. C. § 5118](#))? Yes ☐ No ☐
3. Do you agree to notify the Board of Cosmetology & Barbering in writing within 10 days of your termination as professional-in-charge? Yes ☐ No ☐

Professional-in-Charge Signature: _____ **Date:** _____

Your Email: _____

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this _____ day of _____, 2_____

SEAL

Signature of Notary Public: _____

My Commission expires: _____

Mail this form to: Board of Cosmetology/Barbering
861 Silver Lake Blvd., Suite 203
Dover DE 19904-2467